## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

| Application or Docket Number |
|------------------------------|
| 10773143                     |
| 10 1179                      |

| CLAIMS AS FILED - PART I                                                             |                    |                                           |                 |                                      |                    |                  | :        | SMALL E           | NTITY                  |         | OTHER              | THAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------------------------------|--------------------|-------------------------------------------|-----------------|--------------------------------------|--------------------|------------------|----------|-------------------|------------------------|---------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Column 1) (Column 2)                                                                |                    |                                           |                 |                                      |                    |                  |          | TYPE              |                        |         |                    | ENTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| TOTAL CLAIMS                                                                         |                    |                                           | 13              |                                      |                    | •                |          | RATE              | FEE                    | 7       | RATE               | FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| FOR                                                                                  |                    |                                           | NUMBER FILED    |                                      | NUME               | BER EXTRA        |          | BASIC FEI         | 385.00                 | OR      | BASIC FEE          | 770.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| TO                                                                                   | OTAL CHARGE        | ABLE CLAIMS                               | minus 20= *     |                                      |                    | 2                |          | X\$ 9=            |                        | OR      | X\$18=             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| INI                                                                                  | DEPENDENT C        | CLAIMS                                    | 4 minus 3 = 1 / |                                      |                    |                  |          | X43=              |                        | OR      | X86=               | 86                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                     |                    |                                           |                 |                                      |                    |                  |          | +145=             |                        | OR      | +290=              | <i>O</i> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| * If the difference in column 1 is less than zero, enter "0" in column 2             |                    |                                           |                 |                                      |                    | t                | TOTAL    | <u> </u>          | OR                     | TOTAL   | V56                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                         |                    |                                           |                 |                                      |                    |                  |          | SMALL             | ENTITY                 | OR      | OTHER<br>SMALL     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| AMENDMENT A                                                                          |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                 | HIGHE<br>NUME<br>PREVIO<br>PAID F    | EST<br>BER<br>USLY | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE               | ADDI-<br>TIONAL<br>FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                      | Total              | 13,                                       | Minus           | * 2                                  | $O_{i}$            | =                |          | X\$ 9=            |                        | OR      | X\$18=             | A CONTRACTOR OF THE PARTY OF TH |
|                                                                                      | Independent        | NITATION OF M                             | Minus           | ***                                  | CLANA              | =/               |          | X43=              |                        | OR      | X86=               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |                    |                                           |                 |                                      |                    |                  | 1        | +145=             |                        | OR      | +290=              | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                      |                    | •                                         |                 |                                      |                    |                  | L        | TOTAL             |                        |         | TOTAL              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ADDIT. FEE                                                                           |                    |                                           |                 |                                      |                    |                  |          |                   |                        |         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| _                                                                                    |                    | CLAIMS                                    |                 | HIGHE                                |                    | (Column 3)       |          |                   |                        |         | <del></del>        | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| AMENDMENT B                                                                          |                    | REMAINING<br>AFTER<br>AMENDMENT           |                 | NUMB<br>PREVIO<br>PAID F             | ER<br>USLY         | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE               | ADDI-<br>TIONAL<br>FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                      | Total              | *                                         | Minus           | **                                   |                    | =                |          | X\$ 9=            |                        | OR      | X\$18=             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                      | Independent        | *                                         | Minus           | ***                                  |                    |                  |          | X43=              |                        | OR      | X86=               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                       |                    |                                           |                 |                                      |                    |                  |          | +145=             |                        | OR      | +290=              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                      |                    |                                           |                 |                                      |                    |                  | L .      | TOTAL             |                        | OR ,    | TOTAL              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| (Column 1) (Column 2) (Column 3)                                                     |                    |                                           |                 |                                      |                    |                  |          |                   |                        |         |                    | • :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| AMENDMENT C                                                                          |                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·               | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FO | ER<br>JSLY         | PRESENT<br>EXTRA |          | RATE              | ADDI-<br>TIONAL<br>FEE |         | RATE               | ADDI-<br>TIONAL<br>FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                      | Total              | •                                         | Minus           | **                                   |                    | Ξ                | F        | X\$ 9=            |                        | OR      | X\$18=             | -155                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                                                                                      | Independent        |                                           | Minus           | ***                                  |                    | =                | <b> </b> | X43=              |                        | .       | X86=               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR                                    |                    |                                           |                 |                                      |                    |                  |          |                   |                        |         |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| * If the entry in column 1 is less than the entry in column 2 write "0" in column 3. |                    |                                           |                 |                                      |                    |                  |          |                   |                        | +290=   |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| **                                                                                   | i the "Highest Nur | mber Previously Pai<br>mber Previously Pa | d For" IN THIS  | SPACE is I                           | ess than           | 20 enter "20 "   | AD       | TOTAL<br>DIT. FEE |                        | OR A    | TOTAL<br>DDIT. FEE |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| i                                                                                    | The "Highest Num   | ber Previously Paid                       | For* (Total or  | Ind penden                           | t) is the          | highest number   | found    | in the app        | r priate box           | in colu | mn 1.              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |